

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		•	•	•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	1						51	1		
2		1					52			
3		1					53	1		
4	1						54	1		
5		1					55	1		
6	1						56	1		
7		1					57	1		
8	1						58		1	
9		1					59	1		
10	1						60		1	
11		1					61		1	
12		1					62		1	
13		1					63		1	
14		1					64		1	
15		1					65		1	
16		1					66		1	
17		1					67		1	
18	1						68		1	
19	1						69		1	
20		1					70		1	
21	1						71		1	
22		1					72		1	
23		1					73		1	
24	1						74		1	
25		1					75		1	
26		1					76		1	
27		1					77		1	
28		1					78		1	
29		1					79		1	
30		1					80		1	
31		1					81		1	
32		1					82		1	
33		1					83		1	
34		1					84		1	
35		1					85		1	
36		1					86		1	
37		1					87		1	
38	1						88		1	
39	1						89		1	
40	1						90		1	
41		1					91		1	
42		1					92		1	
43		1					93		1	
44		1					94		1	
45		1					95		1	
46		1					96		1	
47		1					97		1	
48		1					98		1	
49		1					99		1	
50		1					100		1	
TOTAL IND.							TOTAL IND.	3		
TOTAL DEP.							TOTAL DEP.	17		
TOTAL CLAIMS							TOTAL CLAIMS	17		

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